Secretary for Health and Family Services Selections for Preferred Products

This is a summary of the final Preferred Drug List (PDL) selections made by the Secretary for Health and Family Services based on the May 20, 2010 Pharmacy and Therapeutics Advisory Committee (PTAC) Meeting.

	E' I Decision (c)
Description of Recommendation	Final Decision (s) GLP-1 Receptor Agonists will be approved if
GLP-1 Receptor Agonists Clinical Criteria	GLP-1 Receptor Agonists will be approved in
GIP-1 Receptor Agonists will be approved II	metformin, a sulfonylurea, insulin, a DPP-4 Inhibitor,
metformin, a sulfonvlurea, insulin, DPP-4 Inhibitor,	or a TZD is seen in history within the past 90 days.
or a TZD is seen in history within the past 90 days.	1 '11 '- mior authorization'
Branded Products with Generic Components	The following products will require prior authorization:
Clinical Criteria	• Zonatuss®
Require prior authorization for the following	• Orapred ODT®
products:	This product should will be allowed for
• Zonatuss®	children <12 years of age without prior
• Orapred ODT®	authorization.
 This product should still be allowed for 	
children <12 years of age without prior	
authorization.	
New Products to Market: Votrient TM	Votrient [™] will be placed non preferred in the PDL
Place this product non preferred with similar	category titled: Protein Tyrosine Kinase Inhibitors.
approval criteria as other agents in the PDL	
category titled: Protein Tyrosine Kinase Inhibitors.	Votrient [™] (pazopanib) will be approved if the patient
Category intod. Trotom 19100111	has a history of either of the following agents within
Votrient [™] (pazopanib) will be approved if the	the past 90 days (unless ALL are contraindicated).
patient has a history of either of the following	• sunitinib (Sutent®); OR
agents within the past 90 days (unless ALL are	• bevacizumab (Avastin®).
contraindicated).	
• sunitinib (Sutent®); OR	
• bevacizumab (Avastin®).	
New Products to Market: Zyprexa [®] Relprevv TM	Zyprexa [®] Relprevv [™] will be placed non preferred in
Place this product non preferred in the PDL	the PDI category titled: Antipsychotics: Atypical
category titled: Antipsychotics: Atypical with the	
same diagnosis criteria as other agents in the class	
and the following additional clinical criteria:	
and the following additional officer efforta.	Zyprexa [®] Relprevv [™] will be approved if there has been
Zyprexa [®] Relprevv [™] will be approved if there has	a previous trial on oral olanzapine and issues with non
been a previous trial on oral olanzapine and issues	
with non compliance necessitate an injectable	
treatment regimen.	

Description of Recommendation	Final Decision (s)
New Products to Market: Exalgo TM	Exalgo™ will be placed non preferred with similar
Place this product non preferred with similar	quantity limits in the PDL class titled Narcotics: Long-
quantity limits in the PDL class titled Narcotics:	Acting.
Long-Acting.	
New Products to Market: Ampyra®	Ampyra [®] will pay with a diagnosis of MS (ICD-9 =
Allow Ampyra® to pay with a diagnosis of MS (ICD-9 = 340) for an initial 12 weeks of therapy. After the initial 12 weeks of therapy, allow continuation of Ampyra® therapy if the drug has shown clinical efficacy. Additionally, this drug	340) for an initial 12 weeks of therapy. After the initial 12 weeks of therapy, Ampyra [®] therapy will be allowed to continue if the drug has shown clinical efficacy. Additionally, this drug will have a quantity limit of 20 mg per day.
should have a quantity limit of 20 mg per day.	2 C.1 C.11
New Products to Market: Cayston	Cayston® will be approved if one of the following is
Allow Cayston® to pay if one of the following is true: • Trial and failure of tobramycin (TOBI®); OR	 true: Trial and failure of tobramycin (TOBI[®]); OR Documented <i>P. aeruginosa</i> of the lungs that is resistant to tobramycin (TOBI[®]).
a that	
is resistant to tobramycin (TOBI [®]).	
	Selected Preferred Agent (s)
Thrombopoiesis Stimulating Agents	Neumega ® CC
1. DMS to select preferred agent (s) based on	Promacta® CC
economic evaluation; however, at least one	110111111111111111111111111111111111111
product indicated for the treatment of	
thrombocytopenia in patients with chronic	
immune (idiopathic) thrombocytopenic purpura	Non Preferred Agent (s)
(ITP) and one product indicated for the	Nplate ^{TM CC}
prevention of severe thrombocytopenia and the	Aplate
reduction of platelet transfusions following	
myelosuppressive chemotherapy should be	
preferred.	
2. All agents in this class should require PA to	
ensure appropriate utilization.	
3. For any new chemical entity in the	
Thrombopoiesis Stimulating Agents class,	
require a PA until reviewed by the P&T	
Advisory Committee.	■ Promacta [®] and Nplate TM will be approved for a
Thrombopoiesis Stimulating Agents Clinical	diagnosis of chronic immune (idiopathic)
Criteria - Reserve ata® and MulataTM will be approved for a	thrombocytopenic purpura (ITP).
Promacta® and Nplate TM will be approved for a	Neumega® will be approved for a diagnosis severe
diagnosis of chronic immune (idiopathic)	thrombocytopenia following myelosuppressive
thrombocytopenic purpura (ITP). Neumega® will be approved for a diagnosis	chemotherapy.
	OTTOTAL DE LA COLONIA DE LA CO
severe thrombocytopenia following	
myelosuppressive chemotherapy.	

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Description of Recommendation Topical Steroids

- 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one agent in each of the potency categories (low, medium, high and very high) should be preferred.
- 2. Agents not selected as preferred will be considered non preferred and require PA.
- 3. For any new chemical entity in the Topical Steroids class, require a PA until reviewed by the P&T Advisory Committee.

Final Decision (s)

Selected Preferred Agent (s)

alclometasone amcinonide

betamethasone dipropionate

betamethasone valerate

clobetasol propionate

desonide

fluocinolone fluocinonide

fluticasone

halobetasol

hydrocortisone

hydrocortisone butyrate

hydrocortisone valerate

mometasone

nystatin-triamcinolone

prednicarbate

triamcinolone

Non Preferred Agent (s)

Aclovate®

Ala-Cort®

Ala-Scalp[®]

ApexiCon/ApexiCon E®

Beta-Val®

Caldecort®

Capex[®] Shampoo Clobex[®]

Cloderm®

Clomax®

Cordran®

Cordran® Tape

Cormax[®]

clotrimazole/betamethasone

Cutivate[®]

Cyclocort®

Derma-Smoothe/FS®

Dermatop®

Desonate®

Desowen®

desoximetasone

diflorasone diacetate

Diprolene® Diprolene AF® Elocon® Halog® Halonate[®] Kenalog® Lipocream® Locoid® Lokara® Lotrisone[®] Luxiq® MomexinTM Myconel[®] Olux[®] $Olux\text{-}E^{\circledR}$ Olux-Olux E® Complete Pack Pandel® $Scalacort^{\circledR}$ Scalacort-DK® Kit Temovate[®] Texacort® Topicort[®] Triderm[®] Ultravate[®] VanosTM VerdesoTM Westcort® Selected Preferred Agent (s) **Ophthalmic Direct Acting Miotics** pilocarpine 1. DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. Non Preferred Agent (s) 2. Agents not selected as preferred will be Isopto Carpine® considered non preferred and require PA. 3. For any new chemical entity in the Ophthalmic Pilopine HS® Glaucoma Direct Acting Miotics class, require a PA until reviewed by the P&T Advisory Committee.

Description of Recommendation	Final Decision (s)
Ophthalmic Sympathomimetics	Selected Preferred Agent (s)
1. Combine the PDL categories Ophthalmic	Alphagan P [®]
Alpha-2 Agonists and Ophthalmic	apraclonidine
Sympathomimetics into one PDL category titled	brimonidine
Ophthalmic Sympathomimetics.	
2. DMS to select preferred agent (s) based on	·
economic evaluation; however, at least one	
unique chemical entity should be preferred.	Non Preferred Agent (s)
3. Agents not selected as preferred will be	Iopidine [®]
considered non preferred and require PA.	Propine [®]
4. For any new chemical entity in the Ophthalmic	
4. For any new chemical entity in the Ophthamine	
Sympathomimetics class, require a PA until	
reviewed by the P&T Advisory Committee.	Selected Preferred Agent (s)
Ophthalmic Beta Blockers 1 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4	betaxolol
1. DMS to select preferred agent (s) based on	Betimol®
economic evaluation; however, at least three	Betoptic S [®]
unique chemical entities should be preferred.	carteolol
2. Agents not selected as preferred will be	Combigan [®]
considered non preferred and require PA.	Istalol®
3. For any new chemical entity in the Ophthalmic	1
Beta Blockers class, require a PA until reviewed	
by the P&T Advisory Committee.	metipranolol timolol maleate
	umoioi maleale
	Now Desfaured Agent (a)
	Non Preferred Agent (s)
	Betagan [®]
	Optipranolol®
	Timoptic [®]
	Timoptic XE®
Ophthalmic Carbonic Anhydrase Inhibitors	Selected Preferred Agent (s)
1. DMS to select preferred agent (s) based on	Azopt®
economic evaluation; however, at least one	dorzolamide
unique chemical entity should be preferred.	dorzolamide/timolol
2. Agents not selected as preferred will be	
considered non preferred and require PA.	
3. For any new chemical entity in the Ophthalmic	
Carbonic Anhydrase Inhibitors class, require a	Non Preferred Agent (s)
PA until reviewed by the P&T Advisory	Cosopt®
Committee.	Trusopt [®]
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Description of Recommendation

Ophthalmic Antibiotics, Non-Quinolones

- 1. DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities and two combination products containing a steroid should be preferred.
- 2. Agents not selected as preferred will be considered non preferred and require PA.
- 3. For any new chemical entity in the Ophthalmic Antibiotics, Non-Quinolones class, require a PA until reviewed by the P&T Advisory Committee.

Final Decision (s)

Selected Preferred Agent (s)

bacitracin bacitracin/poly B Blephamide[®] gentamicin

neomycin/bacitracin/poly B/HC neomycin/poly B/bacitracin neomycin/poly B/dexamethasone neomycin/poly B/gramicidin neomycin/poly B/HC

polymyxin B/TMP Pred-G® sulfacetamide sodium tobramycin TobraDex® tobramycin/dexamethasone Zylet®

Non Preferred Agent (s)

AK-Poly Bac® AK-Trol® Bleph-10® Blephamide® Cortiomycin® Cortisporin[®] Cortisporin® Dexasporin® Gentak® Gentasol® Maxitrol[®] Methadex® Neocidin[®] Neosporin[®] Ocutricin[®] Polycin-B® Polydex® Polysporin[®] Polytrim[®] Sulfac® sulfacetamide/prednisolone Sulfamide[®] Tetramycin®

		1(R)
		Tobrasol®
		Tobrex [®]
		Triple Antibiotic®
Ophthalmic Antivirals		Selected Preferred Agent (s)
1. DMS to select preferred	l agent (s) based on	trifluridine
economic evaluation; he	owever at least one	
unique chemical entity	should be preferred	
unique chemical entity	emoformed will be	Non Preferred Agent (s)
2. Agents not selected as p	d and require DA	Viroptic [®]
considered non preferre	and require rA.	v nopue
3. For any new chemical e	entity in the Opinianine	
Antivirals class, require	e a PA until reviewed by	
the P&T Advisory Con	nmittee.	Selected Preferred Agent (s)
Ophthalmic Antifungals		Delected Preferred Agont (5)
1. DMS to select preferre	d agent (s) based on	Natacyn [®]
economic evaluation; h	lowever, at least one	
unique chemical entity	should be preferred.	
2. Agents not selected as	preferred will be	Non Preferred Agent (s)
considered non preferr	ed and require PA.	N/A
3. For any new chemical	entity in the Ophthalmic	
Antifungals class, requ	ire a PA until reviewed	
by the P&T Advisory	Committee.	
Ophthalmic Antihistami		Selected Preferred Agent (s)
1. DMS to select preferre	ed agent (s) based on	Alaway OTC®
economic evaluation; l	nowever, at least two	ketotifen
unique chemical entiti	es should be preferred.	Pataday [®]
2. Agents not selected as	preferred will be	Patanol®
considered non prefer	red and require PA	Zaditor OTC®
3. For any new chemical	entity in the Onhthalmic	
5. For any new chemical	require a PA until	
Antihistamines class, 1	Advisory Committee	
reviewed by the P&T	Advisory Commuce.	Non Preferred Agent (s)
		Bepreve TM
		Emadine®
		Ellestat®
		Elesiai
		Optivar [®]

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Description of Recommendation	Final Decision (s)
 Ophthalmic Mast Cell Stabilizers 1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred. 2. Agents not selected as preferred will be considered non preferred and require PA. 3. For any new chemical entity in the Ophthalmic Mast Cell Stabilizers class, require a PA until reviewed by the P&T Advisory Committee. 	Selected Preferred Agent (s) Alocril® cromolyn Non Preferred Agent (s) Alamast® Alomide® Crolom® Continuom®
 Ophthalmic NSAIDs DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred. Agents not selected as preferred will be considered non preferred and require PA. For any new chemical entity in the Ophthalmic NSAIDs class, require a PA until reviewed by the P&T Advisory Committee. 	Opticrom® Selected Preferred Agent (s) diclofenac flurbiprofen ketorolac Non Preferred Agent (s) Acular® Acular LS® Acular PF® AcuvailTM NevanacTM Ocufen® Voltaren® XibromTM

D 14 CD and delice	Final Decision (s)
Description of Recommendation	Selected Preferred Agent (s)
Ophthalmic Anti-Inflammatory Steroids 1. DMS to select preferred agent (s) based on	dexamethasone
economic evaluation; however, at least three	Flarex®
unique chemical entities should be preferred.	fluorometholone
2. Agents not selected as preferred will be	Lotemax TM
considered non preferred and require PA.	Maxidex®
3. For any new chemical entity in the Ophthalmic	prednisolone acetate
Anti-inflammatory Steroids class, require a PA	prednisolone sodium phosphate
until reviewed by the P&T Advisory Committee.	Vexol®
•	
	Non Preferred Agent (s)
	Alrex®
	AK-Dex®
	Dexasol®
	Durezol TM
	Econopred [®] Plus FML [®]
	FML
	FML Forte®
	FML S.O.P. ®
	Omnipred TM
	Pred Forte®
	Pred Mild®
	Prednisol®
	Retisert TM ®
	Triesence [®]
	Vexol®
Ophthalmic Decongestants	Selected Preferred Agent (s)
1. DMS to select preferred agent (s) based on	naphazoline
economic evaluation; however, at least one	phenylephrine
unique chemical entity should be preferred.	tetrahydrozoline
2. Agents not selected as preferred will be	
considered non preferred and require PA.	
3. For any new chemical entity in the Ophthalmic	Now Busfayyad Agent (s)
Decongestants class, require a PA until reviewed	Non Preferred Agent (s)
by the P&T Advisory Committee.	AK-Con [®] AK-Dilate [®]
	AR-Difate Allersol®
	Altafrin®
	Allalill Marifain®
	Mydfrin [®] Neofrin [®]
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Description of Recommendation	Final Decision (s)
Ophthalmic Mydriatics & Mydriatic Combos	Selected Preferred Agent (s)
1. DMS to select preferred agent (s) based on	atropine sulfate
economic evaluation; however, at least two	cyclopentolate
unique chemical entities, one of which should be	tropicamide
atropine, should be preferred.	
2. Agents not selected as preferred will be	
considered non preferred and require PA.	
3. For any new chemical entity in the Ophthalmic	Non Preferred Agent (s)
Mydriatics & Mydriatic Combos class, require a	AK-Pentolate®
PA until reviewed by the P&T Advisory	Cyclogyl [®]
Committee.	Cyclomydril [®]
	Cylate®
	Homatropaire [®]
	homatropine
	Isopto Atropine®
	Isopto Hyoscine®
	Isopto Homatropine®
	Murocoll-2®
	Mydral [®]
	Mydriacyl [®]
	Paremyd [®]
	Tropicacyl [®]
Ophthalmic Immunomodulators	Selected Preferred Agent (s)
1. DMS to select preferred agent (s) based on	Restasis®
economic evaluation; however, at least one	
unique chemical entity should be preferred.	
2. Agents not selected as preferred will be	Non Bustowed Agent (a)
considered non preferred and require PA.	Non Preferred Agent (s) N/A
3. For any new chemical entity in the Ophthalmic	IN/A
Immunomodulator class, require a PA until	
reviewed by the P&T Advisory Committee.	

Description of Recommendation	Final Decision (s)
Proton Pump Inhibitors	Selected Preferred Agent (s)
1. DMS to select preferred agent (s) based on	Nexium [®]
economic evaluation; however, at least two	Prilosec OTC®
agents should be preferred.	
2. At least SoluTabs or one liquid formulation	
should be available for patients under the age of	
12.	Non Preferred Agent (s)
3. Continue current quantity limits on all agents in	Aciphex [®]
this class.	Dexilant TM
4. Agents not selected as preferred will be	lansoprazole
considered non preferred and require PA.	omeprazole
5. For any new chemical entity in the Proton Pump	omeprazole OTC
Inhibitors class, require a PA until reviewed by	pantoprazole
the P&T Advisory Committee.	Prevacid®
the rect reavisory	Prevacid 24-HR®
	Prilosec [®]
	Protonix [®]
	Zegerid®
Otic Quinolone Antibiotics	Selected Preferred Agent (s)
1. DMS to select preferred agent (s) based on	CiproDex [®] Otic
economic evaluation; however, at least one	ofloxacin
single entity agent and one combination agent	
should be preferred.	
2. Agents not selected as preferred will be	
considered non preferred and require PA.	Non Preferred Agent (s)
3. For any new chemical entity in the Otic:	Cetraxal®
Quinolone Antibiotics class, require a PA until	Cipro HC® Otic
reviewed by the P&T Advisory Committee.	Floxin® Otic
Otic Steroid and Antibiotic Combinations	Selected Preferred Agent (s)
1. DMS to select preferred agent (s) based on	hydrocortisone/neomycin/polymyxin B
economic evaluation; however, at least one	neomycin/polymyxin B/hc
agent should be preferred.	
2. Agents not selected as preferred will be	
considered non preferred and require PA.	Non Preferred Agent (s)
3. For any new chemical entity in the Otic: Steroid	Coly-mycin [®] S
and Antibiotic Combination class, require a PA	Cortisporin®
until reviewed by the P&T Advisory Committee	. Cortisporin® –TC
WALLE TO THE TOTAL THE TOT	Cortomycin®

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CD 14	Final Decision (s)
Description of Recommendation	Selected Preferred Agent (s)
 Otic Miscellaneous DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities should be preferred. Agents not selected as preferred will be considered non preferred and require PA. For any new chemical entity in the Otic Miscellaneous class, require a PA until reviewed by the P&T Advisory Committee. 	acetic acid acetic acid/aluminum antipyrine/benzocaine Aurodex Auroguard Chlorphenylcaine chloroxylenol-pramoxine Oto-End 10 Oto-End 10
	Non Preferred Agent (s) Acetasol® Acetasol-HC® Benzotic® Borofair® Cortic-ND® Neotic® Otic Edge® Otrix® PR Otic® Pramotic® Pramoxine-HC® Treagan® Volsol-HC® Zinotic® Zinotic ES® Zoto-HC®
 Alpha Blockers for BPH DMS to select preferred agent (s) based on economic evaluation; however, at least two agents, one of which should be highly selective for the alpha receptors in the genitourinary tract, should be preferred. Agents not selected as preferred will be considered non preferred and require PA. For any new chemical entity in the Alpha Blockers for BPH class, require a PA until reviewed by the P&T Advisory Committee. 	Selected Preferred Agent (s) Cardura XL® doxazosin tamsulosin Uroxatral® terazosin Non Preferred Agent (s) Cardura® Flomax® Hytrin® Rapaflo™

Description of Recommendation	Final Decision (s)
Androgen Hormone Inhibitors	Selected Preferred Agent (s)
1. DMS to select preferred agent (s) based on	finasteride ^{CC}
economic evaluation; however, at least one	
agent should be preferred.	
2. Agents not selected as preferred will be	D. Comed A cont (a)
considered non preferred and require PA.	Non Preferred Agent (s)
3 For any new chemical entity in the Androgen	Avodart® CC R CC
Hormone Inhibitors class, require a PA until	Proscar® CC
reviewed by the P&T Advisory Committee.	Androgen Hormone Inhibitors will be approved for a
Androgen Hormone Inhibitors Clinical Criteria	diagnosis of benign prostatic hyperplasia (BPH) via an
Androgen Hormone Inhibitors will be approved for	diagnosis of beingi prostatic hyperplasta (Di II) via an
a diagnosis of benign prostatic hyperplasia (BPH)	ICD-9 override.
via an ICD-9 override.	Galacted Dueforward Agent (s)
Electrolyte Depleters	Selected Preferred Agent (s) Fosrenol®
1. Rename this category Phosphate Binders.	Phosto®
2. DMS to select preferred agent (s) based on	Renagel®
economic evaluation; however, at least two	Reliagei
unique chemical entities, one of which should be	
a calcium based and a non-calcium based	
phosphate binder, should be preferred.	Non Preferred Agent (s)
3. Agents not selected as preferred will be	calcium acetate
considered non preferred and require PA. 4. For any new chemical entity in the Electrolyte	Eliphos TM
Depleters class, require a PA until reviewed by	Renvela TM
the P&T Advisory Committee.	
Urinary Tract Antispasmodics	This class will be taken back to the Committee for re-
1. DMS to select preferred agent (s) based on	review due to miscommunication.
economic evaluation; however, at least two	
unique chemical entities should be preferred.	
One should be liquid oxybutynin IR and the	
other should be EITHER darifenacin OR	
fesoterodine ER.	
2. Only patients who are unable to swallow or	
tolerate oral medications should be approved for	•
non-oral formulations of agents in this class.	
3. Continue current quantity limits on all agents in	
this class.	
4. Agents not selected as preferred will be	
considered non preferred and require PA.	
5. For any new chemical entity in the Urinary Trac	#
Antispasmodic Class, require a PA until	
reviewed by the P&T Advisory Committee.	

D the af Decommon detion	Final Decision (s)
Description of Recommendation	Selected Preferred Agent (s)
Dermatologics: Antivirals	Abreva®
1. DMS to select preferred agent (s) based on	Zovirax [®] ointment
economic evaluation; however, at least one unique chemical entity should be preferred.	Zio (Ruti
2. Agents not selected as preferred will be	
considered non preferred and require PA.	
3. For any new chemical entity in the	Non Preferred Agent (s)
Dermatologics: Antivirals class, require a PA	Denavir [®]
until reviewed by the P&T Advisory Committee.	Zovirax [®] cream
Dermatologics: Antiseborrheic Agents	Selected Preferred Agent (s)
1. DMS to select preferred agent (s) based on	Carmol [®]
economic evaluation; however, at least one	selenium sulfide
unique chemical entity should be preferred.	
2. Agents not selected as preferred will be	
considered non preferred and require PA.	
3. For any new chemical entity in the	Non Preferred Agent (s)
Dermatologics: Antiseborrheic class, require a	Ovace®
PA until reviewed by the P&T Advisory	Ovace Plus ^w
Committee.	Seb-Prey®
	Selenos®
	Selseb [®]
	Scalp Treatment Kit
	sulfacetamide sodium
Dermatologics: Antibiotic Agents	Selected Preferred Agent (s)
1. DMS to select preferred agent (s) based on	Altabax TM
economic evaluation; however, at least two	gentamicin
unique chemical entities should be preferred.	mupirocin
2. Agents not selected as preferred will be	
considered non preferred and require PA.	
3. For any new chemical entity in the	Non Dueferwed A cent (a)
Dermatologics Antibiotics class, require a PA	Non Preferred Agent (s)
until reviewed by the P&T Advisory Committee.	Bactroban [®] Centany [®]
	Centally

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